

Case Number:	CM14-0003415		
Date Assigned:	06/23/2014	Date of Injury:	05/01/1997
Decision Date:	08/05/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48-year-old female who reported an injury on 05/01/1997. The mechanism of injury was not provided for clinical review. The diagnoses included pain in joint involving hand, depression, abnormal gait, degenerative disc disease of the lumbar spine, myalgia and myositis, sacroiliitis, facet arthropathy, low back pain, neck pain, and radiculopathy. Previous treatments included medication. Within the clinical note dated 12/03/2013, it reported the injured worker complained of back pain. She described her back pain to be mild. The injured worker reported the pain radiated to the left ankle, left arm, left foot, and left thigh. She described the pain as an ache, burning, deep, discomforting, and dull, numbness, sharp, shooting, and stabbing. Upon the physical examination, the provider indicated the injured worker had no motor weakness. He indicated the injured worker is negative for anhedonia. He indicated the injured worker demonstrated an appropriate mood and affect. The injured worker rated her pain 8/10 in severity. The provider requested Duragesic patch, trazodone, and Norco for pain. A rationale was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

DURAGESIC PATCH 12 MCG/HOUR APPLY 1-2 PATCHES EVERY 48 HOURS #30:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 44, 111 Page(s): 44, 111.

Decision rationale: The injured worker complained of back pain, which she noted to be mild. She reported the pain radiated to the left ankle, left arm, left foot, and left thigh. The California MTUS Guidelines do not recommend Duragesic patch as a first line therapy. The California MTUS Guidelines note topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines note any compounded product that contains 1 drug or drug class that is not recommended is not recommended. The guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. There is a lack of documentation indicating the injured worker was treated for, or diagnosed with, neuropathic pain, or has tried and failed antidepressants and anticonvulsants. The request submitted failed to provide a treatment site. The request for Duragesic patch 12 mcg an hour apply 1 to 2 patches every 48 hours #30 is not medically necessary.

TRAZADONE HCL 50 MG 1-2 TABS PO EVERY NIGHT #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, page(s) 13 Page(s): 13.

Decision rationale: The request for trazodone HCL 50 mg 1 to 2 tablets by mouth every night #60 is not medically necessary. The injured worker complained of back pain, which she noted to be mild. She reported the pain radiated to the left ankle, left arm, left foot, and left thigh. The California MTUS Guidelines recommend trazodone, an antidepressant, as a first line option for neuropathic pain. There is a lack of clinical documentation indicating the injured worker was treated for, or diagnosed with, neuropathic pain. The request submitted failed to provide the efficacy of the medication as evidenced by significant functional improvement. The provider failed to document an adequate and complete physical examination. Therefore, the request is not medically necessary.

NORCO 10/325 MG 1 PO EVERY 4-6 HOURS #150 WITH 1 REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management, page(s) 78 Page(s): 78.

Decision rationale: The request for Norco 10/325 mg 1 every 4 to 6 hours #150 with 1 refill is not medically necessary. The injured worker complained of back pain, which she noted to be

mild. She reported the pain radiated to the left ankle, left arm, left foot, and left thigh. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment for issues of abuse, addiction, or poor pain control. The injured worker has been utilizing the medication since at least 07/2013. The request submitted failed to provide the efficacy of the medication as evidenced by significant functional improvement. The provider did not document an adequate and complete pain assessment within the documentation. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.